

ATTN: JOHN CURLESS
UTAH DEPARTMENT OF HEALTH, DHCF
PO BOX 143102
SALT LAKE CITY, UT 84114-3102

To Whom It May Concern:

RE: Request for Case Mix Preview Report for Rates Effective

I hereby request to receive the Case Mix Preview report for the period noted above. Please send the report to the following primary recipient:

In accordance with the report's Confidentiality Statement which precludes persons not specifically listed from viewing the report, we also request the following, secondary recipient(s), be allowed to view the report:

I certify that the above listed person(s) are employed by this facility and have a need to view the information contained in the requested Case Mix Preview Report.

I understand that I must destroy the report and any copies made of the report within 60 days of the report date. Further, I understand that I must submit a written letter to DHCF (Attn: John Curless) stating that this report was destroyed.

I also understand that failure to comply with this procedure will preclude this facility from receiving future reports.

Sincerely,